



Receipt

235/054
Patent

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

GREGORY PLOWMAN, et al.

Serial No. 09/095,478

Filed: June 10, 1998

For: **DIAGNOSIS AND TREATMENT
OF PTP RELATED DISORDERS**

Group Art Unit: 1654

Examiner: Not Yet Assigned

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REQUEST FOR CORRECTED FILING RECEIPT

Assistant Commissioner for Patents
Washington, D.C. 20231

Attention: Application Processing Division's
Customer Correction Branch

Sir:

This is a formal request for a corrected filing receipt. The filing receipt (copy enclosed) is incorrect in that the number of independent claims listed, "9", is incorrect. The correct number of

CERTIFICATE OF MAILING
(37 C.F.R. §1.8a)

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as First Class Mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

Robert Wickman

Name of Person Mailing Paper

Signature of Person Mailing Paper

December 23, 1998

Date of Deposit

SD-98188.1

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Patent

independent claims is "10". Applicants respectfully request that the filing receipt be corrected to list the number of independent claims as "10".

There is no fee believed due in connection with this Request; however, if any fee is due, please charge Deposit Account No. 12-2475 for the appropriate amount.

Respectfully submitted,

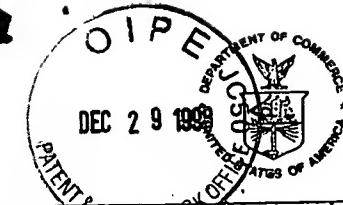
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FILING RECEIPT
CORRECTED

UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office
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Washington, D.C. 20231

APPLICATION NUMBER	FILING DATE	ART UNIT	FIL FEE REC'D	ATTORNEY DOCKET NO.	DRWGS	TOT CL	IND CL
09/095,478	06/10/98	1654	\$1,456.00	235/054	2	22	9

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Receipt is acknowledged of this patent application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Application Processing Division's Customer Correction Branch within 10 days of receipt. Please provide a copy of the Filing Receipt with the changes noted thereon.

Applicant(s) PLOWMAN GREGORY D., SAN CARLOS, CA; JALLAL BAHIJA, MENLO PARK, CA.

CONTINUING DATA AS CLAIMED BY APPLICANT—
PROVISIONAL APPLICATION NO. 60/049,756 06/11/97

FOREIGN FILING LICENSE GRANTED 09/03/98
TITLE
DIAGNOSIS AND TREATMENT OF PTP RELATED DISORDERS

PRELIMINARY CLASS: 514

